About This Program

This application is used to insure a single production taking place overseas with any sized budget and up to 12 months in duration.

Required Documents

The following documents are required to apply for coverage:

- This application
- Fraud Statement

Applicant Information

Applicant illionnat							
Named Insured:							
Entity Type:		□Individual	□LLC	□LLP	☐ Corporation	☐Non-Profit	
Country of Residency (if individ	lual):						
Country of Registration (all oth	ers):						
Primary Address (no PO Box):							
Mailing Address (if different to pri	imary):						
Contact Person:							
Phone / Fax:							
Email:							
Website:							
Year Business Established:							
Federal ID/Social Security #:							
Description of Operations:							
Will there be any filming whe Any bankruptcies in the last solution. Insurance History Any insurance declined or call yes, provide details:	of Aircraft, Interaction with Vereby you will have control of 5 years?	Vild Animals, Operation or Cover use of public roadways?		Aircraft.		☐ Yes ☐ Yes ☐ Yes ☐ Yes	No No No
Any prior insurance coverage? If yes, provide details below					☐ Yes	☐ No	
Policy Type	Carrier	Policy #		Expirati	on Date	Premiu	m
				1	/		
				- 1			
Any losses in the past 3 year	rs? If yes, provide details be	elow.				☐ Yes	☐ No
Policy/Line	Date of Loss	oss Description of Loss			Amount of	Loss	
	1 1						
	1 1						

Productions Details

Production Name			
Type of Production			
Gross Production Cost			
Production Start/End Dates (up to 12 months)	From: / / To: / /		
Number of Episodes (if applicable)			
Length of Episode	☐ 30 minutes ☐ 60 minutes ☐ 90 minutes ☐ 120 minutes		
Where will Production Take Place			
Country			
State / Province			
Shooting Location			
Synopsis			
1			

Music Videos Only

Type of Music	
Music Decade	☐ Prior to 50's ☐ 50's ☐ 60's ☐ 70's ☐ 80's ☐ 90's ☐ 2000 and beyond
Artist's Name	

Key Personnel

Enter the key personnel (executive producer, producer, director, etc.) At a minimum, either the executive producer or producer must be listed.

Personnel Role	First & Last Name	Drivers License #	State of Issue	Country of Residence
Executive Producer				
Producer				
Director				

Coverages		
Dates of Coverage (up to 1 year)	Effective: / / Expiration	on: / /
Coverage	Limit	Deductible
General Liability (* Indicates required coverages)		
Occurrence / Aggregate Limit *	☐ 1m / 2m ☐ 2m / 2m ☐ 3m / 3m ☐ 4m / 4m ☐ 5m / 5m	n/a
Blanket Additional Insureds/Certificates of insurance	Included	n/a
Waiver of Subrogation	☐ Include ☐ Exclude	n/a
Contingent Automobile		
Hired & Non-Owned Auto Liability	☐ Exclude ☐1m ☐2m ☐3m☐4m ☐5m	n/a
Hired & Non-Owned Auto Physical Damage (per accident/aggregate limit)	☐ Exclude ☐ 25k / 25k	n/a
Workers Compensation		
Benefits for Voluntary Compensation – North Americans	☐ Exclude ☐1m ☐2m ☐3m ☐4m☐ 5m	n/a
Number of Employees from US and/or Canada		n/a
Maximum Number of Employees per Flight	□1 □2 □ 3 □4□ 5	n/a
Equipment Floater		
Unscheduled Owned Equipment	☐ Exclude ☐ 50,000 ☐ 75,000 ☐ 100,000 ☐ 150,000 ☐ 200,000 ☐ 250,000	Varies based on limit selected.
Rented Equipment, Props, Sets & Wardrobe	☐ Exclude ☐ 50,000 ☐ 75,000 ☐ 100,000 ☐ 150,000 ☐ 200,000 ☐ 250,000	Varies based on limit selected.
Negative Film/Faulty Stock (limit equals your budget, up to \$25,000)	□ 25,000	2,500
Travel Accident		
Guild Members	☐ Exclude ☐ 1,000,000	n/a
Non-Guild Members	□50,000 □100,000 □ 250,000 □500,000	n/a
Aggregate Limit	□5,000,000 □10,000,000	n/a
Volunteer Accident		
Aggregate Limit of Liability	☐ Exclude ☐ 250,000	n/a

NOTE: Availability of coverage will depend on individual risk characteristics and the State in which insured is located.

FRAUD STATEMENT

Please read the statement applicable to your state, and the final statement. Then sign, date and return with your application. COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies. DISTRICT OF COLUMBIA: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant. ☐ FLORIDA: Any person who knowingly and with intent to defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree. MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. MICHIGAN: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete, or misleading information shall, upon conviction, be subject to imprisonment for up to one year for a misdemeanor conviction or up to ten years for a felony conviction and payment of a fine of up to \$5,000.00. MINNESOTA: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime. ☐ NEW YORK NOTICE: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. OHIO: ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT THEY ARE FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD. OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact, may be violating state law. Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. RHODE ISLAND: In Rhode Island this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment. DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? UTAH: For your protection, Utah law requires the following to be included in this application: "Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines **WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits. ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY: substantial) civil penalties." (Not applicable in CO, HI, NE, OH, OK, OR, VT,) In DC, LA, ME, TN and VA, insurance benefits may also be denied. THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES. Applicant Signature: Date: To be completed by your Insurance Broker: Insurance Company(s) Applied to: License Number: Insurance Agency/Agent: